

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007905

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

2062

Registrar's No.

71

FILED MAR 6 1963

## 1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SedaliaLength of stay in lb  
2 daysc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Bothwell HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Morgan

c. CITY  
OR  
TOWN Gravois MillsInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS Gravois Mills MotelReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

MAJOR

COLLINS

4. DATE  
OF  
DEATH

Month

Day

Year

February 27, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-31-1893

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

U.S. Post Office

## 11. BIRTHPLACE (City and state or country)

Kansas City, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Newton Collins

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Majors

## 14. NAME OF HUSBAND OR WIFE

Myrtle Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Frank B. Collins, 2425 E 75th St.

Address Kansas City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause, per PART I. DEATH WAS CAUSED BY)

## IMMEDIATE CAUSE (a)

Bilateral Bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2-25-63 to 2-27-63 and last saw him alive on 2-27-63  
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

T. S. Hopkins, M.D.

## 22b. ADDRESS

1609 S. 5th St.

## 22c. DATE SIGNED

2-28-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

2-27-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Gillespie Funeral Home

## 23d. LOCATION (City, town, or county)

Kansas City, Missouri

Missouri

## 24. FUNERAL DIRECTOR

D.W. Heckart

## ADDRESS

Gillespie Funeral Home  
Sedalia, Missouri

## 25. DATE RECD. BY LOCAL REG.

February 27, 1963

## 26. REGISTRAR'S SIGNATURE

Francis Shady for  
N. Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

6808

30710

3

4 0

5 2

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9491X

10

11

121-0

131-0

USE BLACK INK  
OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John R. Yarnall*

Licensed Embalmer No. 5173

P. O. Address Seabolt Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.